

Client ID: _____

Project Name: _____

(PORI Date): _____

Staff Name: _____

HMIS Intake and Enrollment Form PATH

For persons entering HMIS project type: **PATH**

Identification-All fields required unless otherwise noted

BHRS/HMIS ROI Completion Date _____/_____/_____

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Name Data Quality	Social Security Number (SSN)	Birth Date (DOB)
Did the client provide their full name?	_____-_____-_____	_____/_____/_____
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Basic Demographics-All fields required unless otherwise noted

Race and Ethnicity (Check all that apply)

- American Indian, Alaska Native, or Indigenous** – A person who identifies with any of the original peoples of North, Central, and South America. Ex. include, but are not limited to, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Tlingit, etc.
- Asian or Asian American** – A person who identifies with one or more nationalities or ethnic groups originating in East Asia, Southeast Asia, or the Indian subcontinent. Ex. include, but are not limited to, Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.
- Black, African American, or African** – A person who identifies with one or more nationalities or ethnic groups originating in any of the Black racial groups of Africa, including Afro-Caribbean. Ex. include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.
- Hispanic/Latina/e/o** – A person who identifies with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American and other Spanish cultures. Ex. include but not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadorian, Dominican, and Columbian.
- Middle Eastern or North African** – A person who identifies with one or more nationalities or ethnic groups with origins in the Middle East and North Africa. Ex. include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.
- Native Hawaiian or Pacific Islander** – A person who identifies with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or another Pacific Island.
- White** – A person who identifies with one or more nationalities or ethnic groups originating in Europe. Ex. include, but are not limited to, German, Irish, Polish, English, French, and Norwegian.
- Client doesn't know**
- Client prefers not to answer**

Additional Race and Ethnicity Detail: _____

Gender (Check all that apply) **Client authorizes update in HMIS if gender is different?** Yes No

- Woman** (Girl if child) - Client identifies as a woman, or girl in the case of a child under the age of 18
- Man** (Boy if child) - Client identifies as a man, or boy in the case of a child under the age of 18
- Culturally Specific Identity** (e.g. Two Spirit) - Client identifies with an identity that is exclusive to a particular culture. For example, Two-Spirit refers to a Native North American gender identity
- Transgender** - Client identifies with a transgender history, experience, or identity
- Non-binary** – Client does not identify exclusively as a man or a woman
- Questioning** - Client who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time. Note that 'Client does not know' is different from 'Questioning'. 'Questioning' is about exploring one's gender identity'. 'Client doesn't know' should only be selected when a client does not know their gender from the options available.
- Different Identity (Please specify):** _____
- Client doesn't know**
- Client prefers not to answer**

Veteran Status (Have you ever served in the U.S. Military?)

Yes No Client doesn't know Client prefers not to answer

Mailing Address and Contact Information <i>(Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)</i>			
Address: _____			
City, State, Zip Code: _____			
Email: _____			
Main Phone: _____			
Message Phone: _____			
Relationship to Head of Household			
<input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family Member			
Project Enrollment <i>(Ask the client where he/she stayed last night)</i>			
<input type="checkbox"/> Outreach-Place not meant for habitation <i>(i.e. streets, under bridges, camps, campgrounds, abandoned buildings, buildings meant for animals, vehicles, public areas)</i> <input type="checkbox"/> Supportive Services-Select this if the client's answer DOES NOT fall under 'Place not meant for habitation'			
Project Start Date	_____ / _____ / _____		
Date of Engagement <i>(O/R-Intake completed)</i>	_____ / _____ / _____		
Date of PATH Status Determination (POR 3 Date) <i>(SMI confirmed, client homeless/at risk, client agrees to services and IRP completed/signed)</i>	_____ / _____ / _____		
Client Became Enrolled in PATH (POR3)			
<input type="checkbox"/> Yes <i>(Only select when there is a PATH Status Determination Date above)</i> <input type="checkbox"/> No <i>(Select options below)</i> <input type="checkbox"/> Client was found ineligible for PATH <i>(Confirmed so SMI or client is not homeless/at risk of homelessness)</i> <input type="checkbox"/> Client was not enrolled for another reason <i>(i.e. Unable to confirm SMI, client left the program, IRP not yet completed)</i> <input type="checkbox"/> Unable to Locate			
Universal Data Assessment			
Disabling Condition- <i>If Developmental, HIV or 'Yes' to 'Expected to be...' for any of the barriers below then this must be answered 'Yes'</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
Living Situation: Identify the type of residence and length of stay at that residence just prior to program admission			
1. What was the situation you were living in immediately prior to project entry? (The night before)			
Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
<input type="checkbox"/> Place not meant for habitation: <i>(Street Outreach Project ONLY)</i> <input type="checkbox"/> Car/ Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter <i>(i.e. CHSS, Mission, Respite, Rest House)</i> <input type="checkbox"/> Safe Haven <i>*If selection made, continue to questions 2, 3-5)</i>	<input type="checkbox"/> Foster Care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <i>*If selection made, continue to question 1a</i>	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <i>(i.e. Sober Living)</i> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <i>*If selection made, continue to question 1b</i>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons

			<input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy *If selection made, continue to question 1b
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
1a. Did you stay less than 90 days? (*Pertains to Institutional Situation)			
<input type="checkbox"/> Yes (Continue to questions 2-2a) <input type="checkbox"/> Client doesn't know		<input type="checkbox"/> No (Continue to question 2, then to Health Insurance) <input type="checkbox"/> Client prefers not to answer	
1b. Did you stay less than 7 nights? (*Pertains to Transitional & Permanent Housing Situations)			
<input type="checkbox"/> Yes (Continue to questions 2-2a) <input type="checkbox"/> Client doesn't know		<input type="checkbox"/> No (Continue to question 2, then to Health Insurance) <input type="checkbox"/> Client prefers not to answer	
2. Length of stay in prior living situation?			
<input type="checkbox"/> One night or less <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Two to six nights <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> One year or longer <input type="checkbox"/> Client prefers not to answer	
2a. On the night before did you stay on the street, Emergency Shelter, or Save Haven?			
<input type="checkbox"/> Yes (Continue to questions 3-5) <input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> No (Continue to Health Insurance) <input type="checkbox"/> Client prefers not to answer	
3. Approximate date this episode of homelessness started: ___/___/___			
4. Regardless of where they stayed last night, number of times client has been on the streets, ES, or SH in the past three years including today?			
<input type="checkbox"/> One time <input type="checkbox"/> Three times <input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Two times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client prefers not to answer	
5. Total number of months homeless on the streets, in ES, or SH in the past three years?			
<input type="checkbox"/> One Month (this time is the first month) <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> 2-12 months (months) <input type="checkbox"/> Client doesn't know	
Health Insurance			
<input type="checkbox"/> Yes (Select source) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
Health Insurance Sources (Check all that apply)			
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> MEDICAID <input type="checkbox"/> Health Net (Medi-Cal)-Children <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Indian Health Services Program (IHS)		<input type="checkbox"/> Medicare <input type="checkbox"/> Health Net (Medi-Cal)-Adults <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults <input type="checkbox"/> State Children's Health Insurance (Medi-Cal) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal) <input type="checkbox"/> Other: _____	
Connection with SOAR (Is the client connected with BHRS, SSI/SSDI staff, PATH O/R staff or other SOAR staff)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			

Alcohol Use Disorder
<input type="checkbox"/> Yes (<i>Answer Questions Below</i>) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be for long-continued and indefinite duration and substantially impairs one's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
2. Documentation of disability and severity on file? (<i>Staff Answer</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. How confirmed? PATH ONLY (<i>Staff Answer</i>) <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>i.e. Cerner</i>)
Chronic Health Condition
<input type="checkbox"/> Yes (<i>Answer Questions Below</i>) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Development Disability
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Drug Use Disorder
<input type="checkbox"/> Yes (<i>Answer Questions Below</i>) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
2. Documentation of disability and severity on file? (<i>Staff Answer</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. How confirmed? PATH ONLY (<i>Staff Answer</i>) <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>i.e. Cerner</i>)
HIV/AIDS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Mental Health Disorder
<input type="checkbox"/> Yes (<i>Answer Questions Below</i>) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
2. Documentation of disability and severity on file? (<i>Staff Answer</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. How confirmed? PATH ONLY (<i>Staff Answer</i>) <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>i.e. Cerner</i>)
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY (<i>Staff Answer</i>) <input type="checkbox"/> No <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>i.e. Cerner</i>) <input type="checkbox"/> Confirmed through assessment and clinical evaluation
Physical Disability
<input type="checkbox"/> Yes (<i>Answer Questions Below</i>) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

